PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 9		
Ŀ	CLAIMS AS FILED - PART I (Column 1) (Column 2)						ENTITY	ok		R THAN ENTITY
	FOR NUMBER FILED NUMBER EXTR			ER EXTRA	RATE	FEE	Ì	RATE	FEE	
	BASIC FEE (37 CFR 1.16(a))						\$	OR		\$
TOT	OTAL CLAIMS 07 CFR 1.16(c)) 2 0 minus 20 = .				x \$ =		1	x \$ =		
IND	EPENDENT CLAIM	1S	,				<u> </u>	OR		l
	CFR 1.16(b)) minus 3 = •				x \$=	<u> </u>	OR 	× \$=	<u> </u>	
MUI	JLTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					.+ \$=	·	OR -	+ \$=	
* 16 1	the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL .	Ĺ <u>.                                    </u>	OR	TOTAL	
	CL		.:							
		(Column 1)	·	(Column 2)	(Column 3)	SMALL	NTITY	OR		R THAN ENTITY
DMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	20	Minus	20	=	x \$=		OR	x \$=	
AMEN	Independent (37 CFR 1.16(b))	. /	Minus	~ 2		- x \$ =	,	OR	x \$_ =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+s =	
						TOTAL ADD'L FEE		OR:	TOTAL ADD'L FEE	-
		(Column 1)		'(Column 2)	(Column 3)	, , , , , , , , , , , , , , , , , , ,		J 5	VOOF LEE	
ENT B	·	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- 1 TIONAL FEE
	Total (37 CFR 1.16(c))		Minus	**	=	x \$=		OR .	x \$=	
MENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ =	•	OR	x \$=	
AM	FIRST PRESENTA	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1,16(d))	+s =	,	OR		
		<del></del>	· · · · · · · · · · · · · · · · · · ·	•	· · · "	TOTAL ADD'L FEE		OR OR	+ \$= TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	•	•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	* .	Minus	***	=	x s=		OR	x \$=	
AM	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDI	ENT CLAIM (37 CF	R 1.16(d))			OR		
М						+ \$ = TOTAL			+ \$=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	ADD'L FEE	
	" If the "Highest N	lumbar Draviauck	Doid For	IN THIS SDACE	ic loce than 20 c	ntor "20"				

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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